

Hemp Complaint Form

Hemp Program
503.986.4652

Form date 7/21



The complaint form is provided to assist in submitting information associated with a hemp complaint. Attach additional pages or photos to the complaint form, if needed.

Submit request to hemp@oda.state.or.us

Complainant information:

Date: _____

Name: _____	Home phone: _____	
Address: _____		
City: _____	State: _____	Cell phone: _____
Zip: _____	County: _____	Email: _____
Do you want a response or call back? Yes No		

Complaint information:

Date of complaint: _____	Time: _____	
Name of hemp grower (if known): _____		
Name of company (if known): _____		
Address: _____	Phone: _____	
City: _____	Zip: _____	County: _____
Specific nature of the complaint: (If more space is needed, attach a separate sheet or photos to this form)		
Signature: _____	Date: _____	

Specific nature of complaint: continued from previous page if needed